DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS AA (AMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: CCLS S 60TH ST (310045)

Address: 1572 S 60TH ST, WEST ALLIS, WI 53214

License Status: REGULAR

Licensed/Certified/Registered 04/01/1982

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0095965 End Date: 11/03/2005 Type: ABBREVIATED Purpose: SURVEY/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10007226 Served 12/05/2005

Deficiencies Cited Subject Area Subject Area Verified

83.32(2)(c)2 ANNUAL EVALUATION UPDATED 83.41(10)(d) FURNITURE IN GOOD REPAIR 83.42(9) EXTINGUISHER MOUNTING rified Corrected